

In The United States District Court
Western District Court of Virginia
Roanoke Division

Motion To Amend Complaint Under Civil Rights Act
42 U.S.C. § 1983.

Angel Cartagena
V. Plaintiff

Civil Action No. 7:21CV00539

Alley Lovell, ET AL,
Defendant(s)
Individual and official capacities

I. Jurisdiction And Venue

1- This is a civil action Pursuant to 42 U.S.C. § 1983 to redress violations under color of state law, and deprivations of rights secured by the Supreme laws of the land, the United States Constitution of America. This Court has jurisdiction under 28 U.S.C. § 1331 and 1343(a)(3). Plaintiff seeks declaratory relief Pursuant to 28 U.S.C. § 2201 and 2202 and injunctive relief claims are sought and authorized by 28 U.S.C. § 2283 and 2284 and Rule 65 of the Federal Rules of Civil Procedures. Action also arises under the Americans With Disability Act and the Rehabilitation Act of 1973.

2- The Western District of Virginia is appropriate Venue under 28 U.S.C. § (b)(2) because it is where the events giving rise to these claims occurred.

II. Plaintiff

3-Plaintiff Angel Cartagena was at the time mentioned herein in this action an offender of the state of Virginia in the custody of the Virginia Department of Corrections. He is currently being held at Marion Correctional Treatment Center, in Marion, Virginia.

III. Defendant(s)

4- The Defendants are natural citizens of the Commonwealth of Virginia and were/are at the time of the events alleged herein employees of same acting under color of state law, Defendant Alley Lovell, the Director of all (S)ecure Diversionary Treatment Program units within the whole state of Virginia, who is in charge of Plaintiff's care and safety, inter alia. Defendant T. Dowell, who is the Unit Manager of the S.D.T.P. unit, who with others, is charged with Plaintiff's care and safety, inter alia. Defendant B. Konode, who is the Warden of River North Correctional Center, who with others, is in charge of Plaintiff's care and safety, inter alia. Defendant Kilbourne who is the Chief of Housing and Programming, who with others, is charged with Plaintiff's care and safety, inter alia. Defendant Dr. Hayner who is the psychiatrist over the S.D.T.P. unit, who with others, is charged with Plaintiff's care and safety, inter alia. Defendant H. Clarke, the Director of the Virginia Department of Corrections, who with others, is in charge of Plaintiff's care and safety, inter alia. Defendant David Robinson, C.C.O. of the Virginia Department of Corrections, who with others, is in charged of Plaintiff's care and safety, inter alia. Defendant Eric Madsen who is in charge of Institutional Classification, who is responsible for housing assignments/transfer of the mentally ill prisoners - as Plaintiff - as well as Plaintiff's care and safety, inter alia. Defendant Carl Manis, who is the Regional Administrator of the Western Region, who with others, is charged with Plaintiff's care and safety, inter alia.

IV. Facts. Plaintiff has been diagnosed and hospitalized for serious mental illnesses since early childhood, since age of (12), although articulate, he suffers from serious mental illnesses ("SMI"). Medical records could verify his multiple commitments to mental hospital acute wards for the mentally ill. Plaintiff has a well lengthily documented history of suffering from serious mental disabilities and still continues to suffer do to his mental debilities and has been placed involuntarily by Defendant(s) mentioned herein in the (S)ecure Diversionary Treatment Program ("S.D.T.P.") without a proper judicial order which is absolutely unlawful and unconstitutional. The (S)ecure Diversionary Treatment Program unit is a licensed psychiatric unit funded by the Federal Government, but it's not being administered correctly by institutional personnel (known as the Multi-Institutional Treatment Team ("MITT")) Plaintiff states he is being detained unlawfully against his will during a period of (18) months without a proper judicial order in a licensed psychiatric unit titled ("Secure Diversionary Treatment Program.") On or about the month of Nov. 22, 2019, Plaintiff was detained in the S.D.T.P. unit by the VA.D.O.C. with specific respects to the authority and approval by Defendant(s) Alley Lovell, Director of (3) S.D.T.P./I.D.T.P. and by Eric Madsen who's in charge of Central Classification Services/transfer assignment of the seriously mentally ill prisoners. Prior to after being admitted into detention in S.D.T.P., a licensed psychiatric unit, by Defendant(s) herein who I have mentioned,

5-(1) Was not provided a judicial Due Process hearing for involuntary commitment after not giving consent for mental health treatment, care, services to be detained in (a) (S)ecure psychiatric unit. (2) Provided the notice or right to appeal the detention. (3) Provided the right to attend, make testimony, defend, or provide witnesses against detention; and (4) allowed and denied the opportunity to not participate in mental health treatment, care, and services. Plaintiff states that being detained in a

licensed psychiatric unit was not part of his sentencing order by the Court that penalized Plaintiff for alleged convicted criminal convictions; nor has any other post-conviction order been issued by any General, Circuit or Federal Court(s) for involuntary commitment for or sound professional recommendations for detention in a (S)ecure (l)icensed psychiatric facility or unit.

6- At all times mentioned herein, the Defendant(s) Alley Lovell, Director of the S.D.T.P. units of VA.D.O.C., T. Dowell, Unit Manager, of the S.D.T.P. units, A-1 and A-Z, Berry Monode, Warden of River North Correctional Center, Dr. Haynes, Psychiatrist of the S.D.T.P. unit; Kilbourne, Chief of Housing and Programming; Harold W. Clarke, Director of VA.D.O.C., David Robinson, C.C.O. of the VA.D.O.C., Eric Madsen, charged with Institutional Classification / transfers, Carl Manis, Regional Administrator for the Western District were put on constructive notice of Plaintiff providing Defendant(s) mentioned herein (60) days to remedy these violations with Due Diligence under color of state law to release Plaintiff from detention of the (S)ecure Diversionary Treatment Program unit into a general population setting which is less restrictive environment which would be deemed suitable and appropriate for Plaintiff's health and safety, but to no avail, failed to do so.

7- All Defendant(s) mentioned herein have actual knowledge of Plaintiff's lengthy well documented history of suffering from ("SMI"). Plaintiff's diagnosed with inter alia, Borderline Personality Disorder, Anti-Social Personality Disorder, Schizo-Affective Disorder, Schizophrenia, Bipolar Disorder Type II. All of these mental disorders are actual diagnosis by Qualified Mental Health Professionals and since the age of (12) has been on psychotropic medicines for his serious mental disabilities.

8- Despite Plaintiff's lengthy well documented history of suffering from ("SMI"), Defendant(s) had placed Plaintiff in one of the most

restrictive units within the VA.D.O.C. which was extremely deleterious to Plaintiff's health and safety, which put him in substantial risk of mental deterioration. Being isolated for a long period of (18) months and (5) days exact was very insalubrious to Plaintiff's mental health and safety.

9- Pursuant to State and Federal policies and regulations, including those set forth and outlined by the Joint Commission Accreditation of Health Care Organization ("JJC") of which (S)ecure Diversionary Treatment Program claims to be compliant with to maintain its accreditation status to continue to receive Federal funding.

10- Moreover, Isolation is a form of bodily restraint. The Plaintiff was secluded for a long period of (18) months and (5) days exact under harsh conditions of confinement, and sensory deprivation. Such circumstances was devastating to Plaintiff. Lacking physical and social points of reference to ground Plaintiff and others like him into reality itself. Seriously mentally ill prisoners are deprived of things such as personal property. Limiting to (4) phone calls a month. Virginia D.O.C. states that the S.D.T.P. units are a general population, but in the VA Operating Procedures, it states that the S.D.T.P. units are a restrictive Housing Unit (segregation). In order to be admitted within the S.D.T.P. unit one must be diagnosed with a serious mental illness, but according to D.O.C. policy those with ("SMI") cannot be housed in isolation for no more than 28 days. In this program offenders are never unrestrained, unless offenders are within their cells. Anytime offenders come out their cells, they are fully stripped searched and then placed in handcuffs with a dog leash attached to them and also placed in shackles, then escorted by (2) officers at all times. Anytime offenders come out their cells for programming, which is within the designated area in the pod, offenders are then handcuffed and shackled to tables called (S)ecured chairs. Whenever offenders have outside recreation, offenders are caged

in segregation recreation cages. If offenders are sent to medical, the offender is handcuffed and shackled, with a dog leash attached to the handcuffs, then to be escorted by (2) officers under segregation restrictive movement. Offenders within the (S)ecure Diversionary Treatment Program unit cannot be anywhere near other offenders outside the S.D.T.P. unit. Offenders are not allowed to attend religious services, this was before the covid epidemic even began. Offenders are not even allowed to have a job. Do to the serious restrictions that the S.D.T.P. unit imposes, Plaintiff suffered from physical and psychological injuries.

11- On 04/24/21 at approximately 1:10 A.M., Plaintiff swallowed a toothpaste tube and electrical wirings in a attempt to end his life by choking. Plaintiff then began cutting himself with a razor deeply in his right forearm. Plaintiff began to cry thinking about his family, he then voiced his suicidal ideation to the officer in the booth who goes by the name of 'Yo D. Henderson Jr. 'Yo T. Myers, the floor officer came to Plaintiff's cell A-105 and 'Yo T. Myers called the supervisor and the nurse. Nurse Sexton arrived and said as she looked at Plaintiff's wound that he needed to go to the hospital to receive sutures. Plaintiff was then taken to the hospital, when Plaintiff arrived at the hospital, he refused medical treatment, then was sent back to the institution ("River North") to then be placed on (S) point restraints. Do to swallowing the foreign objects, Plaintiff was suffering from excruciating pain in his stomach. Later on that night Nurse Sexton was conducting pill call and she approached Plaintiff's cell and Plaintiff stated that he was under a lot of pain. Nurse Sexton then called the medical doctor and again, Plaintiff was taken back to the hospital to receive surgery to remove the foreign objects from his stomach. They didn't apply sutures because the wound was open for over (12) hours. Plaintiff suffered grievous physical injuries as well as psychological injuries.

On 05/26/21 Plaintiff was transferred to a Supermax facility titled, "Wallens Ridge State Prison," which is deemed inappropriate and not suitable for Plaintiff, do to the extreme restrictions that Supermax facilities imposes. Defendant(s) had Plaintiff to be sent to such facility was not a sound recommendation, which put Plaintiff at substantial risk of serious harm. Plaintiff began to suffer from psychosis do to being isolated and he began to display bizarre behavior and become suicidal in which on the date of 08/12/21 he attempted suicide by lacerating his right arm. Plaintiff was then placed on suicide precautions. On 08/19/21 Plaintiff then lacerated his arm again with a razor. Both times he was given sutures. On 08/31/21 Plaintiff was involuntarily committed to Marion Corr. Treatment Center to receive intensive care for his serious mental health needs. Defendant(s) knows that he deteriorates at such Supermax facilities, but disregarded Plaintiff's health and safety by sending him to such Supermax facility.

V. Legal Claims.

12- Plaintiff's right to exercise his religion was denied while being detained within the S.D.T.P. unit unconstitutionally under the First Amendment of the U.S. Constitution, it's every citizens right to practice their faith freely. To prohibit Plaintiff to not allow him to exercise his faith amounts to a violation of his Civil Rights. All Defendant(s) mentioned herein was fully aware of this, but failed to remedy this issue while being illegally detained in the S.D.T.P. unit. Defendant(s) Alley Lovell, T. Dowell, Berry Monode, Dr. Haynes, Kilbourne, Carl Manis, Eric Madsen, Harold W. Clarke, David Robinson acted or failed to act under color of state law and are sued in their individual and official capacities.

13- Defendant(s) acts and omissions establish a cause of action under 42 U.S.C. § 1983 for monetary relief in the form of compensatory and punitive damages and cost of this suit.

14- Plaintiff has been harmed physically and psychologically by the unnecessary use of bodily restraints by keeping the Plaintiff for a long duration of (18) months straight in isolation within the (S)ecure Diversionary Treatment Program unit which is a form of cruel and unusual punishment, a violation of the Eighth Amendment of the U.S. Constitution and also a violation of his Liberty Interests enshrined under the Fourteenth Amendment of the U.S. Constitution.

15- At all times relevant to the allegations mentioned herein, the Defendant(s) failed horribly to provide the less restrictive environment such as a general population setting. The (S)ecure Diversionary Treatment Program unit imposes too many restrictions, limiting access to daily activities and also limiting personal property.

16- Defendant Dr. Haynes, Psychiatrist of the S.D.T.P. unit failed to provide the less restrictive setting such as a general population. Dr. Haynes is fully aware of this, but continued deliberately and with malice intent to provide adequate care in a less restrictive environment. Dr. Haynes poor decision to keep Plaintiff isolated in the (S)ecure Diversionary Treatment Program unit without a proper judicial order was a violation of his Due Process Right under the Fourteenth Amendment of the U.S. Constitution. This is not the product of a sound professional judgement, and exposed and continues to expose - Plaintiff to severe mental anguish and emotional distress which constitutes a callous deliberate indifference to his serious psychiatric needs which is a violation of his Eighth Amendment of the U.S. Constitution. As of result said acts and omissions of Dr. Haynes, Plaintiff suffered grievous physical injuries, emotional distress and mental anguish, all attributable to Defendant Dr. Haynes violation of Plaintiff's interest to be free from cruel and unusual punishment under the Eighth Amendment of the U.S. Constitution; and Plaintiff's substantive Liberty

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Interest to safety, freedom from undue bodily restraints, and to treatment recommended for him by a qualified professional under the Fourteenth Amendment of the U.S. Constitution. Dr. Haynes acts and omissions establishes a cause of action under 42 U.S.C. § 1983 for monetary relief in the form of compensatory and punitive damages and the cost of this suit.

17- Defendant Carl Manis, the Regional Administrator over the Western Region of VA.D.O.C. is held liable for his subordinates actions of misconduct of injuring the Plaintiff's rights of the U.S. Constitution. Defendant Carl Manis plays a supervisory role over Defendant Alley Lovell, Director of all (S)ecure D.iversi(nary Treatment Program units within the VA. D.O.C. Defendant(s) Carl Manis and Alley Lovell has continuously, consciously, and willfully opted to keep Plaintiff in the S.D.T.P. unit knowing fully well that they are in violation by keeping Plaintiff detained in a licensed psychiatric unit without a proper judicial order in violation of his Due Process Rights under the Fourteenth Amendment of the U.S. Constitution.

18- Defendant(s) Carl Manis and Alley Lovell's decision to keep Plaintiff in the S.D.T.P. unit against his own will is not the product of sound professional judgement, and exposed - and continue to expose - Plaintiff to severe mental anguish and emotional distress which amounts to his total disregard to his health and safety. As of result of said acts and omissions of Defendant(s) Carl Manis and Alley Lovell, Plaintiff suffered grievous physical injuries, emotional distress, and mental anguish, all attributable to Defendant(s) herein mentioned violation of Plaintiff's interest to be free from cruel and unusual punishment under the Eighth Amendment of the U.S. Constitution, and Plaintiff's substantive Liberty Interest to safety, freedom from undue bodily restraints, and to treatment

recommended for him by a qualified professional under the Fourteenth Amendment of the U.S. Constitution.

19- Defendant(s) Carl Manis and Alley Lovell acted or failed to act under color of state law. Defendant(s) Carl Manis and Alley Lovell acts and omissions establishes a cause of action under 42 U.S.C. § 1983 for monetary relief in the form of compensatory and punitive damages and cost of this suit.

20- At all times mentioned, Defendant Berry Monade, Warden over River North Correctional Center acted or failed to act under color of state law, so as to deny Plaintiff's treatment for his serious mental health needs in a less restrictive unit or setting such as a general population. Defendant Berry Monade is the head Warden of River North Correctional Center, knowing or acquiescence in the in the unconstitutional behavior of his subordinates. All Defendant(s) such as Alley Lovell, T. Dowell, Dr. Haynes, Mr. Milbourne who are of the Multi-Institutional Treatment Team who act as the overseers of all S.D. T. P. / I.D. T. P. units, persistently violated a statutory duty to inquire about such and to be responsible for preventing it; failure to train and supervise or an official acquiescence in the continued existence of prison conditions which themselves are a hazard to Plaintiff that they amount to constitutional violation. Defendant Berry Monade recklessly and with absolute disregard of his duties and policies to permit and allow Defendant(s) Alley Lovell, Dr. Haynes, and Mr. Milbourne to perform their functions as members of the Multi-Institutional Treatment Team ("MITT") as the overseers of all (3) S.D. T. P. units, knowing fully well of the injuries of Plaintiff's Constitutional Rights to keep Plaintiff continuously with complete disregard in the S.D.T.P. unit without a proper judicial order is truly a violation of Plaintiff's Liberty Interest to be free from all forms of bodily restraints; indeed, isolating him in a licensed Psychiatric unit or facility involuntarily without his

consent is truly unlawful. Defendant Berry Monode was on constructive notice and had actual knowledge of Plaintiff's Constitution being violated.

21- As of result of acts and omissions of Defendant Berry Monode, Plaintiff suffered grievous physical injuries, emotional distress, and mental anguish in all attributable to Defendant Berry Monode violating Plaintiff's interest to be free from cruel and unusual punishment under the Eighth Amendment of the U.S. Constitution; and Plaintiff's substantive Liberty Interests to safety, freedom from undue bodily restraints, and to treatment recommended for him by a qualified professional under the Fourteenth Amendment of the U.S. Constitution.

22- Defendant Berry Monode acts and omissions establish a cause of action under 42 U.S.C. § 1983 for monetary relief in the form of compensatory and punitive damages and cost of this suit.

23- Defendant(s) T. Dowell, Unit Manager of the S.D.T.P. unit of B.N.C.C. and Mr. Milbourne, Chief of Housing and Programming are members of the Multi-Institutional Treatment Team, are responsible for Plaintiff's care and safety, but failed to provide the less restrictive environment such as a general population setting. Defendant(s) T. Dowell and Mr. Milbourne are fully aware of this, but continue to deliberately and intentionally to not provide adequate housing by keeping him housed in the S.D.T.P. unit against his own will. Defendant(s) T. Dowell and Mr. Milbourne continued to keep Plaintiff within the S.D.T.P. unit without a proper judicial order which is a violation of his Due Process Rights. This is not the product of a sound professional judgement, and exposed - and continue to expose - Plaintiff to severe mental anguish and emotional distress which constitutes a callous deliberate indifference to his serious psychiatric needs which is an Eighth Amendment violation of the U.S. Constitution. Defendant(s) T. Dowell and Mr. Milbourne were put on notice of this unlawful detention. As of results of acts and omissions of Defendant(s) T. Dowell and Mr.

Kilbourne, Plaintiff suffered grievous physical injuries, emotional distress, and mental anguish, in all attributable to Dowell and Mr. Kilbourne violations of Plaintiff's interest to be free from cruel and unusual punishment under the Eighth Amendment of the U.S. Constitution; and Plaintiff's substantive Liberty Interests to safety, freedom from undue bodily restraints, and to treatment recommended by a qualified professional under the Fourteenth Amendment of the U.S. Constitution.

24- Defendant(s) T. Dowell and Mr. Kilbourne acts and omissions constitutes a willful, reckless, and conscious disregard of Plaintiff's Constitutional Rights and safety, by which he is entitled to recover monetary relief in the form of compensatory and punitive damages under 42 U.S.C. § 1983 action. Defendant(s) T. Dowell and Mr. Kilbourne failed to act under color of state law and are sued in their individual and official capacities.

25- At all times relevant to the allegations herein, Defendant Eric Madsen who is in charge of Central Classification Services and transfers of all ("SMI") offenders acted or failed to act under color of state law, so as to be deliberate indifferent to Plaintiff's serious mental health needs, and consciously indifferent to his substantive Due Process Rights. Defendant Eric Madsen had Plaintiff sent to the (S)ecure Diversionary Treatment Program unit in R.N.C.C. was not the exercise of a professional judgment, caused Plaintiff significant bodily and psychologically injuries, which constitutes a callous deliberate indifference to his serious psychiatric needs, in violation of the Eighth Amendment San on cruel and unusual punishment; and Plaintiff's substantive Liberty Interests to safety, freedom from undue bodily restraints, and to treatment recommended by a qualified professional to assure these interests under the Fourteenth Amendment of the U.S. Constitution.

26- Defendant Eric Madsen's acts and omissions were done within the scope of his official employment, and was conduct that violated clearly established statutory or Constitutional Rights of which a reasonable person would have known. Defendant Eric Madsen's acts and omissions establishes a cause of action under 42 U.S.C. § 1983 for monetary relief in the form of compensatory and punitive damages and cost of this suit. Defendant Eric Madsen failed to act or acted under color of state law and is being sued in his individual and official capacities.

27- At all times relevant to the allegations herein Defendant(s) Harold W. Clarke, Director of the VA.D.O.C., and David Robinson, C.C.O. of the VA.D.O.C. acted or failed to act under color of state law as to deliberate indifferent to Plaintiff's serious mental health needs and consciously indifferent to his substantive Due Process Rights.

28- Defendant Harold W. Clarke, the Director of the VA.D.O.C., has duties under Title 53.1 of the Code of Virginia, to make policies and regulations for all jails and prisons in the VA.D.O.C., and accordance with State and Federal Constitutional laws; is charged with inter alia, with oversight of prisons and prisoners' care and safety.

29- Defendant David Robinson, C.C.O. of the VA.D.O.C. is vested with the duty to make and implement and enforce the VA. Dept Operating Procedures of the VA.D.O.C., and the policies and regulations generally in compliance with State and Federal Constitutional law pertaining to treatment of prisoners, their care and safety.

30- Defendant(s) Clarke and Robinson's failure to make policies expressly prohibiting Plaintiff in detention in a licensed psychiatric unit titled, (S)ecure Diversionary Treatment Program, without a proper judicial order where Plaintiff is involuntarily housed without his consent. Defendant(s) Clarke

and Robinson acts and omissions violated clearly established statutory or Constitutional Rights of which a reasonable person such as a lay person would have known, and substantially departed from the accepted standards of sound professional judgment so as to violate Plaintiff's Eighth Amendment to be free from cruel and unusual punishment, and Plaintiff's Liberty Interests under the Fourteenth Amendment of the U.S. Constitution. Mental illness is a form of disability and isolation that's unnecessary of a disabled person is a form of discrimination on account of disability in violation of the American's With Disability Act ("ADA") and the Rehabilitation Act of 1973 ("RA"). All Defendant(s) mentioned herein discriminated against Plaintiff by subjecting him to unnecessary isolation when treating professionals recommended treatment in a less restrictive setting based on treatment, and such was denied. Plaintiff was held (18) months in a unlawful detention in the most restrictive (S)ecured psychiatric unit without a proper judicial order. Failure to remedy Due Diligently by placing him in a more suitable environment with less restrictions was truly unconstitutional. Plaintiff was subjected to cruel and unusual punishment constantly from mental anguish and emotional distress which amounts to a callous deliberate indifference to his serious mental health needs. As of result of said acts and omissions of Defendant(s) Clarke and Robinson, Plaintiff suffered grievous physical injuries, emotional distress, and mental anguish, all attributable to Defendant(s) Clarke and Robinson violation of Plaintiff's interest to be free from cruel and unusual punishment under the Eighth Amendment of the U.S. Constitution, and Plaintiff's substantive Liberty Interests to safety, freedom from undue bodily restraints, and to treatment under the Fourteenth Amendment of the U.S. Constitution. Defendant(s) Clarke and Robinson acted or failed to act under color of state law. Defendant(s) Clarke and

Robinson are sued in their individual and official capacities.

31- Defendant(s) Clartie and Robinson establishes a cause of action under 42 U.S.C. § 1983 for monetary relief in the form of compensatory and punitive damages and the cost of this suit.

VI. Grievance Procedure.

32- The Plaintiff has exhausted all available institutional remedies concerning the events, acts and omissions described in this complaint.

The complaints, grievances and/or appeals were upheld according to VA. Dept of Corrections Operating Procedures.

VII. Relief Sought.

33- WHEREFORE, Plaintiff request this Honorable Court to enter judgement in his favor against the above named Defendant(s) in their official and individual capacities in the amount of \$80,000 jointly and severally against Defendant(s) Harold W. Clartie, David Robinson, Berry Hanode, Eric Madsen, Carl Manis, Alley Lovell, T. Dowell, Hilbourne, and Dr. Hayner, as well as the amount to be determined by the Court for compensatory and punitive damages, together with interests, as well as cost incurred.

34- Plaintiff further moves this Court to enter injunctive relief in the form of an order to enjoin Defendant(s) Harold W. Clartie, David Robinson, Eric Madsen, Carl Manis, Alley Lovell, T. Dowell, Berry Hanode, Hilbourne, and Dr. Hayner to never ever again detain him, the Plaintiff in the (Secure Diversionary Treatment Program unit ever again.

35- Plaintiff also seeks a jury trial on all issues triable by jury.

36- Plaintiff also seeks all recovery cost of his cost of this suit; and any additional relief this Court deems just, proper, and equitable.

Respectfully Submitted On:

____ Day of _____ 2021

Angel Cortez
#1078842

Petitioner, Pro se
Marion Correctional Treatment Center
110 Wright St.
Marion, VA. 24354

I solemnly swear under the penalty of perjury
that the aforementioned herein is true and correct
to the very best of all my abilities.

RECEIVED RNCC

RECEIVED RNCC

VIRGINIA DEPARTMENT OF CORRECTIONS

Informal Complaint

MAY 19 2020

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

GRIEVANCE DEPARTMENT

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name

☐ Unit Manager/Supervisor☐ Personal Property☐ Medical Administrator

Offender Number

☐ Food Service☐ Commissary☒ Other (Please Specify):

Housing Assignment

☐ Treatment Program Supervisor☐ Mailroom

Briefly explain the nature of your complaint (be specific): The S.D.T. Unit is not designed for this M.I. It is considered a behavior modification program that is trained and equipped for violent and recalcitrant inmates. It is deemed inappropriate and not suitable for those with (S.M.I.). The Multi-Institutional Treatment Team knows fully all my extensive mental health history. Staff failed to take necessary steps to ensure the safety of my mental stability. To be housed under these conditions is truly a violation of my 8th Amend. Rights as well as my 14th Amend. Right of the Institution to be housed in a separate setting such as the S.A.M. Unit or (M.H.U.).

Offender Signature

Offenders - Do Not Write Below This Line

Date Received: 5/19/2020Tracking # 20 INF 00817Response Due: 6/3/2020Assigned to: CHAP

Action Taken/Response:

The Secure Diversionary Treatment Program is designed with SMI offenders in mind. Offenders are placed in the Secure Diversionary Treatment Program because they meet the criteria for Serious Mental Illness and they often engage in assaultive, disruptive, and/or unmanageable behaviors. Every effort will be made to manage their behaviors within the units. If the offender continues to endanger others due to assaultive or destructive behavior after other interventions have been tried, including use of restraints or placement in an observation room as set forth in Operating Procedure 420.2, the offender may be reclassified to Restrictive Housing according to Operating Procedure 425.4.

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 FI 4-17

MAY 27 2020

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number:

RNCC-20-INF-00817

Last Name, First <i>Cartagena, Angel</i>	Number <i>7078842</i>	Building <i>A-1</i>	Cell/Bed Number <i>#40</i>
Individuals Involved in Incident <i>Multi-Institutional Treatment Team</i>	Date/ Time of Incident <i>05-26-20 10:00 AM</i>		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

In O.P. 830.5, it states that the S.D.T.P. Unit is considered a B.H.U. In fact Mr. Kilbourne stated that S.D.T.P. S.C.O.R.E. unit is similar to B.H.U. It is a known fact that this program is designed for highly disruptive recalcitrant offenders. Those with "S.M.T." are by policy not to be housed in isolation no longer than 28 days. I was forced against my own will to comply. Because if I didn't, I would be forced to remain under isolation in the S.D.T.P. S.C.O.R.E. unit indefinitely. I am protected by Liberty Interest under the 14th Amendment to be free from all forms of solitary restraints. Indeed, extreme isolation is a form of solitary restraints. I been forced to conform with treatment or else subjected to harsh restrictions such as isolation. All could be proven by the rapid eye.

What action do you want taken? *I asked to be housed in a correct and suitable setting such as a S.A.M. unit or a M.H.U. which is less restrictive than this S.D.T.P. unit. As well as to be rewarded for damages.*

Grievant's Signature:

Warden/Superintendent's Office:

Date Received:

Date: *05-26-20*



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input checked="" type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot. <i>You have been housed in the SDTP program since 11/20/19. Exceeds 30 days.</i>
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance # _____
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to: _____
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: *[Signature]* Date: *5-27-2020*

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: *[Signature]* Date: *6/7/20*

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

RECEIVED RNCC

MAY 19 2020

Effective Date: July 1, 2013

Operating Procedure 866.1 Attachment 2

VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

MAY 27 2020

GRIEVANCE DEPT.

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

Offender Number

- ☐ Food Service
☐ Commissary
☒ Other (Please Specify):

Housing Assignment

- ☐ Treatment Program Supervisor
☐ Mailroom

Briefly explain the nature of your complaint (be specific):

Do to the extreme restrictions that the S.D.T.P. unit imposes I am not allowed to attend religious services. This is a violation of my 1st Amendment of the US Constitution. I have the right to exercise my religion and by prohibiting me to do so, this is unconstitutional and unconstitutional. I have been under the 15th Amendment to the US. I have allowed to exercise these religious rights to be removed from the S.D.T.P. unit and be placed in appropriate housing such as the S.A.M.U. or M.H.U. so I may practice my religious services. I have been in violation of my Civil Rights.

Offender Signature

Date

Offenders - Do Not Write Below This Line

05-09-20

Date Received: 5/19/2020

Tracking # 20 INF 00816

Response Due: 6/3/2020

Assigned to: CHAP

Action Taken/Response:

Offenders housed in the SCORE unit experience the process of gradual out of cell time for both structured therapeutic and unstructured activities on the unit. As an offender progresses through the program, and from phase to phase, the offender will also experience an increase in social activities. In SCORE, similar to RHU, offenders experience religious services inside their assigned cell; they may contact the chaplain for religious guidance, study materials, and to participate in seasonal activities. As structured social activity increases into the EPIC unit, offenders may attend religious services.

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:

VIRGINIA
DEPARTMENT OF CORRECTIONS
RECEIVED RNCC

Regular Grievance 866 Fl 4-17

MAY 27, 2020

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number:

RNCC-70-INF-00816

<i>Cortogena Angel</i>	<i>1078842</i>	<i>A-1</i>	<i>#40</i>
Last Name, First	Number	Building	Cell/Bed Number
<i>Multi-Institutional Treatment Team</i>	<i>05-26-20 10:00 p.m.</i>		
Individuals Involved in Incident	Date/ Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) *S.P.T.P. unit imposes restrictive measures such as solitary restraints known as isolation. In the S.D.T.P. Orientation Hand Book it states that we could attend religious services on phase II and phase III, which is absolutely untrue. I was held 4 months and 7 days exact and never did I attend religious services because I was denied the right to do so and still don't have the very right to exercise my faith under the 1st Amend. and by denying me this right is truly unlawful and unconstitutional. On the complaint Mr. Kilbourne stated S.C.O.B.E. unit is similar to R.H.U. In fact in the O.P. 830.5 it states that it is restrictive housing unit. My rights were clearly violated endlessly and still is. The capid eye never lies. To continuously deny deliberately and intentionally my rights to practice my faith by forcing me to remain in S.D.T.P. unit is truly unlawful.*

What action do you want taken? *To be placed in appropriate housing unit such as the S.A.M. Unit or a M.H.U. As well as to be rewarded for damages.*

Grievant's Signature:

*Angel Cortogena*Date: *05-26-20*

Warden/Superintendent's Office:

Date Received:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866-FI_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input checked="" type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot. <i>You have been housed in the SDT at RINCC since 11/22/17</i>
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance # <i>housed in the SDT at RINCC</i>
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals. <i>Exceeds 30 days.</i>
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: *[Signature]* Date: *5-27-2020*

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: *[Signature]* Date: *6/7/20*

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

RECEIVED RNCC

RECEIVED RNCC

VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

MAY 19 2020

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

GRIEVANCE DEPARTMENT

GRIEVANCE DEPT.
Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name

☐ Unit Manager/Supervisor☐ Personal Property☐ Medical Administrator

Offender Number

☐ Food Service☐ Commissary☒ Other (Please Specify): Multi-Institutional Treatment Team.

Housing Assignment

☐ Treatment Program Supervisor☐ Mailroom

Briefly explain the nature of your complaint (be specific): Arrived from R.O.S.P. on 11-27-19 to this institution in the S.D.T.P. Unit against my own will without a T.S.A. Hearing, which is a violation of my Federal Due Process. I was forcibly placed in the S.C.O.P.E. Unit and am subject to remain in isolation conditions as well as forced to comply with "Treatment".
Against my own will. Mental Health personnel are fully aware of my extensive mental health history as suffering from "S.M.I." but clearly violated my Civil Rights
forcing me to remain in isolation conditions which is extremely deleterious and dangerous to my mental stability which is a violation of my 8th Amendment as well as my 14th Amendment.

Offender Signature

Date

Offenders - Do Not Write Below This Line OS-17-70Date Received: 5/19/2020Tracking # 20 00815Response Due: 6/3/2020Assigned to: CHAP

Action Taken/Response:

Offenders are placed in the Secure Diversionary Treatment Program because they meet the criteria for Serious Mental Illness. There are multiple levels of review concerning this placement. The Mental Health Clinical Supervisor as well as the Regional Operations Chief participate with extensive external review by a Multi-Institutional Treatment Team. SCORE is not isolation. Offenders are allowed to participate in social groups for recreation, programming, and social activities.

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

RECEIVED RNCC

MAY 27 2020

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number:

RNCC-20-INF-00815

<i>Cartagena Angel</i>	<i>1078842</i>	<i>A-1</i>	<i>#40</i>
Last Name, First	Number	Building	Cell/Bed Number
<i>Multi-Institutional Treatment Team</i>	<i>05-26-20 10:00 P.M.</i>		
Individuals Involved in Incident	Date/ Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) *I was placed in S.D.T.P. against my own will. I have the very right to refuse treatment, but if I did not comply with such treatment, then I would be forced to endure harsh isolation conditions. S.D.T.P. is not a general population setting, in fact, the O.P. states (830.5) that the S.D.T.P. unit is Restrictive Housing. Plus by policy, any offender with "(SMI)" is not to be housed in isolation no more than 28 days. I was held in the S.D.T.P. S.C.O.R.F Unit 4 months and 7 days exact under extreme isolation conditions. In order to move through the phases one must comply with treatment, if not then one is subjected to be held in isolation in the S.D.T.P. S.C.O.R.F. Unit indefinitely. This is an 8th Amend. violation as well as a 14th Amend. Violation. Rapideye doesn't lie. All can be viewed.*

What action do you want taken? *I ask to be housed in appropriate housing such as a S.A.M. Unit or a M.H.U. I also ask to be rewarded for damages.*

Grievant's Signature:

Angel Cartagena

Date: *05-26-20*

Warden/Superintendent's Office:

Date Received:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866.FI-4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input checked="" type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot. <i>You were transfer to RREC on 11/22/2019. Issue exceeds 30 days.</i>
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance # <i>to RREC on 11/22/2019. Issue exceeds 30 days.</i>
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint
Institutional Ombudsman/Grievance Coordinator: <i>[Signature]</i> Date: <i>5-27-2020</i>	

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.
Regional Ombudsman: <i>[Signature]</i> Date: <i>6/9/20</i>	

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

Dear Regional Ombudsman

05-28-20

I have been housed in R.M.C.C. S.D.T.P. Unit exactly 6 months 6 days. The S.D.T.P. Unit imposes many restrictions. Now it's quite clear that isolation is a form of solitary restraint. Anybody with ("S.M.I.") is prohibited by policy to be housed in isolation no more than 28 days. I was housed in S.D.T.P. S.C.O.R.E. unit for 4 months 2 days exactly under extreme isolation before I progressed to the S.D.T.P. E.P.I.C. Unit here in A.I. As you know the seriously mentally ill do not function properly under harsh circumstances such as isolation. The S.D.T.P. Unit is extremely deleterious and insalubrious to my mental health safety and health. People with ("S.M.I.") do poorly under these inhumane conditions. The S.D.T.P. Unit is considered a behavior modification program that is trained and equipped to deal with disobedient recalcitrant offenders. Due to the extreme restrictions that the S.D.T.P. Unit imposes, people are not allowed to attend religious services. It is my very right under the U.S. Constitution to exercise my faith and by denying me this very right is considered unlawful and unconstitutional. In the S.D.T.P. Orientation Handbook it states that we could attend religious services which is absolutely untrue. On the complaint Mr. Milbourne stated S.C.O.R.E. Unit which is a phase of the S.D.T.P. Unit is similar to R.H.U. In fact in the O.P. 830.5 clearly states that the S.D.T.P. Unit is considered R.H.U. Anybody who doesn't comply with treatment are forced to remain in the S.D.T.P. S.C.O.R.E. Unit against their own will, therefore in order to leave the S.D.T.P. S.C.O.R.E. Unit one must complete treatment against their own will. There are people with ("S.M.I.") who don't have the capacity to

Sack there Numerous cases of individuals who are absolutely insane, who don't have the cognitive skills to comprehend the true nature of reason. This is truly inhumane indeed. If you don't comply with treatment recommendations you are forced to remain in total isolation. Under the 14th Amendment anybody with ("S.M.I.") are protected by Liberty Interest, to be free from any form of bodily restraints. I meet that criteria. In order to be free from isolation in the S.C.O.R.E. Unit (S.D.T.P.) I was forced to complete programming. Now here in E.P.T.C unit S.D.T.P. I still can't attend religious services do to the restrictions S.D.T.P. imposes. I was never given a I.C.A. hearing to be sent here. I was sent here from R.O.S.P on 11-22-19 against my will which clearly violated my Due Process right. This program is illegal. It's very inhumane and it's a total failure. People are suffering and there's nobody to aid these afflicted souls in the S.C.O.R.E. (S.D.T.P. Unit) who are forced to remain in isolation conditions because they don't have the mind capacity to function with reason do to there mental disabilities. This is truly inhuman. I investigate these matter, for it's such a pity to see the suffering out who lost there minds do to the extreme nature of bodily restraints known as isolation. You can't disregard this. This isn't right nor exact. It is wrong and what is right is right. Therefore, I place myself on the frontline. To be the voice of these victims who lack the voice to stand up for themselves. This is the reason why I rise for the rights of these victims of this cruelly brutal program. For this reason I appeal this decision.

Respectfully Submitted On:

05-28-20.

I swear under penalty of perjury

that the above information is true and correct to the best of my ability.

Angel Cartagena #1078842

RECEIVED RNCC

VIRGINIA
DEPARTMENT OF CORRECTIONS

AUG 25 2020

Informal Complaint 866_F3_4-17

GRIEVANCE DEPT

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. **An Informal Complaint is not required for an alleged incident of sexual abuse.**

Offender Name Angel Cartagena Offender Number 1078842 Housing Assignment A-1 Cell 35
 Individuals Involved in Incident T. Dowell (Unit Manager of A building) Date/ Time of Incident _____
☒ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☐ Other (Please Specify): _____

Briefly explain the nature of your complaint (be specific): T. Dowell has constructive knowledge of my well lengthy mental health history. I have been in this program for over 8 months against my own will and without a proper judicial order which is unlawful and unconstitutional. To be subjected to solitary restraint is a form of cruel and unusual punishment. As a "S.M.T." offender, I'm suppose to be in the less restrictive settings as possible, but this program, the S.D.T.P. unit is the most restrictive in the state to be subjected to mental anguish and emotional distress constantly. It is an irreparable injury.
 Offender Signature Angel Cartagena Date 8/25/2020

Offenders - Do Not Write Below This Line Unit such as a G.P. setting, a S.A. unit. 08-24.
 Date Received: 8/25/2020 Tracking # RNCC- 20 -INF- 01384
 Response Due: 9/9/2020 Assigned to: UM A
 Action Taken/Response: _____

Refer to Informal Complaint #RNCC-20-INF-01383.

These bed assignments are designated for offenders who have been classified as SMIT; operates with structured security regulations and procedures, and provides programming and treatment services conducive with evidence based treatment protocols and individualized treatment plans.

Respondent Signature A.K.K.Printed Name and Title A. KILBOURNE CHADate 9-1-2020

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response, nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 FI 4-17

SEP 03 2020

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number:

P.N.C.C. - 70-INF-01384

<i>Cortagna Angel</i>	<i>1078842</i>	<i>A-1</i>	<i>Cell 35</i>
Last Name, First	Number	Building	Cell/Bed Number
<i>T. Dowell, 3 members of the M.I.T.T.</i>	<i>08-24-20.</i>		
Individuals Involved in Incident	Date/ Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) *I have been housed in a licensed psychiatric unit titled, "Secure Diversionary Treatment Program," for over 9 months exact without pay consent. To be involuntarily placed in this unit without a proper judicial order is unlawful and unconstitutional. This unit is the most restrictive unit within the state and I am protected by liberty interest to be free from undue bodily restraint. To be subjected to bodily restraint is a form of cruel and unusual punishment which is a violation of the 8th Amendment. As a person with a mental disability, I'm suppose to be in the less restrictive environment and by trapping me isolated in a highly restrictive unit is a form of discrimination which is a violation of the Americans With Disability Act. A person with ("SMI") suppose to be in a less restrictive environment, but I'm being subjected to so many restrictions which is causing severe mental anguish and emotional distress.*

What action do you want taken? *I ask to be placed in a less restrictive settings such as a S.A.M. Unit or general population and to be awarded for damages.*

RECEIVED
SEP 14 2020

RECEIVED
SEP 14 2020
SMBUSMAN SERVICE UNIT
WESTERN REGION

Grievant's Signature: *Angel Cortagna*Date: *09-02-20*

Warden/Superintendent's Office:

Date Received:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input checked="" type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot. <i>you state been 7 months. Exceeds 30 days.</i>
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 OFFENDER DISCIPLINE
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed:
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint
Institutional Ombudsman/Grievance Coordinator: <i>[Signature]</i> Date: <i>9-3-2020</i>	

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: *[Signature]* Date: *9/14-20*

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

RECEIVED RNCC RECEIVED RNCC

RECEIVED RNCC

SEP 03 2020 SEP 08 2020
DEPARTMENT OF CORRECTIONS

AUG 25 2020

Informal Complaint 866_F3_4-17

GRIEVANCE DEPARTMENT GRIEVANCE DEPARTMENT
Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Angel Cartagena

Offender Name

1078842

Offender Number

A-1 Cell 35

Housing Assignment

A. Lovell, et al.

Individuals Involved in Incident

08-24-20

Date/Time of Incident

- ☒ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☐ Food Service
☐ Commissary
☐ Other (Please Specify):

- ☐ Institutional Program Manager
☐ Mailroom

Briefly explain the nature of your complaint (be specific): I arrived at this facility on 11-22-19 from R.O.S.P. without a lawful judicial order and was unlawfully detained in the S.D.T.P. unit for over 8 months. Do to the severe restrictions the S.D.T.P. unit imposes, I am not allowed to attend religious services which is a violation of my Civil Rights. In the S.D.T.P. Orientation Handbook it clearly states that we can attend religious services, but if it were true do to the severe restrictions the S.D.T.P. unit imposes my religious rights are protected by the First Amendment and by denying me this right is unconstitutional.

Offender Signature

Date

Offenders - Do Not Write Below This Line

08-24-20.

Date Received: 8/25/2020

Tracking # RNCC- 20 -INF- 01382

Response Due: 9/9/2020

Assigned to: UMA

Action Taken/Response:

Due to COVID-19 precautions all programming has been suspended since April of 2020. Currently, there are no religious services to attend. This is in place for all offenders.

RECEIVED
SEP 14 2020

Respondent Signature
 CHAPMAN SERVICE UNIT
 WESTERN REGION

11. K. B. B. B. B. CHAP
 Printed Name and Title

9.1.2020
 Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI-4-17

RECEIVED

SEP 03 2020

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number:

R.N.C.C. - 20-INF-01382

Cartagena Angel	1078842	A-1	Cell 35
Last Name, First	Number	Building	Cell/Bed Number
A. Lovell et al., M.D., T.T.	08-24-201		
Individuals Involved in Incident	Date/ Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

I arrived here on 11-22-18 from Red Onion involuntarily without a proper judicial order to be housed against my own will in a licensed psychiatric unit titled, "Secure Diversionary Treatment Program. Due to the restrictions the S.D.T.R unit imposes I never could attend religious services. From 11-22-18 to April 24, 2020 I never attended religious services because of being deprived by S.D.T.R unit to not attend religious programs which is a violation of my 1st Amendment of the U.S.C.A. from 11-22-18 to 03-24-20 I was in isolation called the S.C.O.R.E. unit which is the 1st phase of the S.D.T.R unit. To force treatment without my consent is truly unlawful and unconstitutional. I have the very right to refuse treatment, but members of the M.D.T.T. have violated my civil rights repeatedly by forcing me to remain in this unit without a proper judicial order which is a violation of my Due Process. For 4 months and 2 days I was forced to live in isolation and if I didn't comply with treatment I would be forced to remain in isolation indefinitely within the S.C.O.R.E. unit (R.H.U.)

I asked to be placed in a less restrictive housing such as a S.A.M. unit or a mental health unit and to be awarded for damages.

Grievant's Signature: Angel Cartagena

Date: 09-02-20

Warden/Superintendent's Office:

Date Received:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input checked="" type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot. <i>No Religious Services have been held since COVID-19 started.</i>
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance # <i>COVID-19 Precautions</i>
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed:
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint
Institutional Ombudsman/Grievance Coordinator: <i>[Signature]</i> Date: <i>9-3-2020</i>	

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.
Regional Ombudsman: <i>[Signature]</i> Date: <i>9/14/20</i>	

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

SEP 08 2020
D

20 VIRGINIA
DEPARTMENT OF CORRECTIONS

RECEIVED RNCC

AUG 25 2020

Informal Complaint 866_F3_4-17

GRIEVANCE DEPARTMENT

GRIEVANCE DEF Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.
An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name Angel Cartagena

1078842
Offender Number

A-1 Cell 35
Housing Assignment

Dr. Haines (Q.M.H.P.)
Individuals Involved in Incident

08-24-20
Date/Time of Incident

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☐ Food Service
☐ Commissary

- ☐ Institutional Program Manager
☐ Mailroom

☒ Other (Please Specify): Mental Health Dept.

Briefly explain the nature of your complaint (be specific): *Dr. Haines is the psychiatrist over the*

S.D.T.P. Unit and has constructive knowledge of my well lengthy mental health history of suffering from "(S.M.T.)" This unit is designed for recalcitrant offenders. Do to the serious restrictions, it imposes, it's putting me at high risk of emotional distress and serious mental anguish. I've been involuntarily forced into this program without lawful judicial order. Do to this, it is unlawful to subject me to this illegal program against my own will. I see this program now going on over 2 months and had suffered severely. I ask to

Offender Signature

Offender Signature

Date 5c housed in appropriate setting
Archaea S.A.M. unit or G.P.

Angel Contreras

Offenders - Do Not Write Below This Line

Date Received. 8/25/2020

Tracking# 20 - INF- 01381

Response Due: 9/9/2000

Assigned to: Mental Health

Action Taken/Response:

You were referred to the SOTF program by the MITT team due to your inability to function in GP. You are free to refuse any and all programming, you do not however, decide where you are housed.

RECEIVED
FBI
SEP 10 1972
FBI - NEW YORK

Respondent Signature _____

Printed Name and Title Wesley R. Senior

Date 31/3/2020

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

RECEIVED RNCC

REGULAR GRIEVANCE

SEP 08 2020

Log Number:

R.N.C.C. - 70-INF-DI381

GRIEVANCE DEPARTMENT <i>Cartanena Angel</i>		1078842	A-1	#13
Last Name/First		Number	Building	Cell/Bed Number
Dr. Haynes (psychiatrist) M.I.T.T. et al.,		08-24-201		
Individuals Involved in Incident		Date/ Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process; Attach Informal Complaint response or other documentation of informal process.)

Dr. Haynes, the psychiatrist over the S.D.T.P. unit was put on notice of this unlawful detention of being involuntarily committed without a proper judicial order into the Secure Diversionary Treatment Program. The S.D.T.P. unit imposes too many restrictions and it's putting me at high risk of severe mental anguish and emotional distress. Dr. Haynes stated on the informal complaint that I am free to refuse any and all programmings, but if I did just that I would be placed back into the S.C.P.R.E unit indefinitely just like the rest of the guys who are trapped there in total isolation. To enforce treatment against my own will is unlawful and unconstitutional. I'm protected by Liberty Interest to be safe from all forms of undue bodily restraints, indeed to force me into remaining in the S.D.T.P. unit without my giving consent is a violation of my due process. To isolate me in the most restrictive unit in the V.D.O.C. is a form of discrimination which is a violation of the Americans with Disability Act.

What action do you want taken?

To be placed in a appropriate setting such as a M.H.U. which is less restrictive or a general population and to be awarded for damages.

Grievant's Signature: *Angel Cartanena*

Date: 09-04-20

Warden/Superintendent's Office:

Date Received:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input checked="" type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot. <i>you have been</i>
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance # <i>in + out of the SDTP since arrival</i>
<input type="checkbox"/>	Inquiry on behalf of other offenders. <i>in a RNC on 11/23/19</i>
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 OFFENDER DISCIPLINE
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint <i>Bob</i>
Institutional Ombudsman/Grievance Coordinator: <i>[Signature]</i> Date: <i>9-8-2020</i>	

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: *Robert A. [Signature]* Date: *9-16-20*

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

RECEIVED RNCC

VIRGINIA

RECEIVED RNCC

DEPARTMENT OF CORRECTIONS

AUG 25 2020

Informal Complaint 866_F3_4-17

GRIEVANCE DEPARTMENT

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: Angel Cartagena Offender Number: 1078842 Housing Assignment: A-1 Cell 35
 Individuals Involved in Incident: A. Lovell (Director of all S.D. T.P. units) Date/ Time of Incident: 08-24-20

- ☒ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☐ Other (Please Specify): _____

Briefly explain the nature of your complaint (be specific): A. Lovell has constructive knowledge of my very well lengthy mental health history of suffering from "S.M.I." but fails to take the necessary steps to place me in appropriate housing such as a S.A.M. unit or G.P. setting. Do to the serious cost S.D. T.P. imposes on my health and safety do to the isolation and restrictions of the S.D. T.P. settings, it's extremely deleterious to my well being. I've stated to A. Lovell that I suffer severely from emotional distress and mental anguish, but fails to release me from this unlawful detention, which is a violation of my Civil Rights.

Offender Signature

Date

Angel Cartagena

Offenders - Do Not Write Below This Line

08-24-20Date Received: 8/25/2020Tracking # RNCC- 20 -INF- 01383Response Due: 9/9/2020Assigned to: UM A

Action Taken/Response: _____

The process of being assigned to the Diversionary Treatment Program is a Multi-Institutional Treatment Team decision. Once criteria for SMI are met, the offender is further reviewed to determine the appropriate SDTP program of housing and treatment to best meet the offender's needs. You have been assigned to the program because you meet the criteria and are a Seriously Mentally Ill (SMI) offender.

Respondent Signature

Printed Name and Title

Date

A. K. B. R. U. N. I. C. N. A. I. A.A. K. B. R. U. N. I. C. N. A. I. A.9-1-2020**WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 FL 4-17

RECEIVED RING

SEP 08 2020

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number:

R.N.C.C. - 20-INF-0138

<i>Cartagena, Angel</i>	<i>1078842</i>	<i>A-1</i>	<i>#35</i>
Last Name, First	Number	Building	Cell/Bed Number
<i>Alley Lovell (Multi-Institutional Treatment Team)</i>	<i>08-24-201</i>		
Individuals Involved in Incident	Date/ Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) *Alley Lovell has constructive knowledge of my well lengthy documented mental health history of suffering from "SMI," but failed to take the necessary steps to have me placed in a appropriate setting such as a general population or a M.H.U. The S.D.T. unit imposes to many restrictions causing me mental anguish and emotional distress. I've stated to her that it's unconstitutional to force me into complying with the program. I was involuntarily committed here without a proper judicial order which is a violation of my Due Process. I'm protected by liberty. I desire to be free from undue safety restraint, indeed forcing me to endure these harsh conditions in a very restrictive environment is a form of cruel and unusual punishment. To be segregated to this constantly is a form of discrimination which is a violation of the A.D.A., for I am a person who suffer from disability. A person with disability suppose to be in a less restrictive setting that D.A.C. has to offer such as a general population or a Mental Health Unit.*

What action do you want taken? *To be placed in a M.H.U. or a general population, to be in a less restrictive settings & environment. Also to be awarded back damages.*

<p>SEP 10 2020</p> <p>RECEIVED</p> <p>DEPT. OF CORRECTIONS</p> <p>COMMUNITY SERVICE UNIT</p>	<p>Grievant's Signature: <i>Angel Cartagena</i></p> <p>Warden/Superintendent's Office: _____</p> <p>Date Received: _____</p>	<p>Date: <i>09-20-20</i></p>
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VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input checked="" type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm) <i>Issue with Mrs. Allen</i>
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent <i>Lovell cannot be addressed by ANCC.</i>
<input type="checkbox"/>	More than one issue - resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input checked="" type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: *[Signature]*Date: *9-8-20*

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: *[Signature]*Date: *9-16-20*

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

RECEIVED RNCC

AUG 25 2020

RECEIVED RNCC VIRGINIA

DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

GRIEVANCE DEPT

Informal Complaint

GRIEVANCE DEPARTMENT

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: Angel Cartagena Offender Number: 1078842 Housing Assignment: A-1 Cell 35
 Individuals Involved in Incident: T. Dowell (Unit Manager of A building) Date/ Time of Incident: 1
☒ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific): T. Dowell has constructive knowledge of my well lengthy mental health history. I have been in this program for over 8 months against my own will and without a proper judicial order which is unlawful and unconstitutional. To be subjected to solitary constraint is a form of cruel and unusual punishment. As a "S.M.T." offender, I'm suppose to be in the less restrictive setting as per 16, but this program, the S.D.T.P. unit is the most restrictive in the state to be subjected to mental anguish and emotional distress constant. It is an irreparable injury.

Offender Signature

Date

Offenders - Do Not Write Below This Line

Date Received: 8/26/2020Tracking # RNCC- 20 INF- 01384Response Due: 9/9/2020Assigned to: U M A

Action Taken/Response:

Refer to Informal Complaint #RNCC-20-INF-01383.

These bed assignments are designated for offenders who have been classified as SMI; operates with structured security regulations and procedures, and provides programming and treatment services conducive with evidence based treatment protocols and individualized treatment plans.

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

RECEIVED RNCC

SEP 08 2020

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number:

R.N.C.C. - 20-INF-01384

<i>Cortez Angel</i>	<i>1078842</i>	<i>A-1</i>	<i>#35</i>
Last Name/First	Number	Building	Cell/Bed Number
<i>T. Dowell (Multi-Institutional Treatment Team)</i>	<i>08-24-20. 1</i>		
Individuals Involved in Incident	Date/ Time of Incident		

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

The Multi-Institutional Treatment team such as T. Dowell and Kilbourne have constructive knowledge of my well lengthy documented mental health history of suffering from ("SME"). I have been in this licensed psychiatric unit for over 9 months without a proper judicial order which is a violation of my Federal Due Process. To be subjected to bodily restraint due to the severe restrictions the S.D.E.P. unit imposes is a violation of my 8th Amendment and my 14th Amendment of the U.S.C.A. I'm protected by Liberty interest to be free from undue bodily restraint. As a person with a severe mental disability, I'm suppose to be in the less restrictive setting and by forcing me to remain under the most restrictions is a form of discrimination which is a violation of the Americans With Disability Act. Kilbourne stated that I'm ("SME"), a ("SME") offender suppose to be in a less restrictive setting and by forcing me to remain in this program without a proper judicial order is truly unlawful.

What action do you want taken? *To be placed in a proper setting such as a general population or a Mental Health Unit and to be awarded for damages.*

Grievant's Signature

*Angel Cortez*Date: *09-02-20*

Warden/Superintendent's Office:

Date Received:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input checked="" type="checkbox"/>	Does not affect you personally (<u>This issue did not cause you personal loss or harm</u>) <u>You are housed proper</u>
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insulting or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint
Institutional Ombudsman/Grievance Coordinator: <u>[Signature]</u> Date: <u>9-8-2020</u>	

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.
Regional Ombudsman: <u>Robert A. Bess</u> Date: <u>9-16-20</u>	

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

RECEIVED RNCC

RECEIVED RNCC

SEP 03 2020

VIRGINIA

AUG 25 2020

GRIEVANCE DEPARTMENT DEPARTMENT OF CORRECTIONS

GRIEVANCE DEPT

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Angel Cartagena

Offender Name

1078842

Offender Number

A-1 Cell 35

Housing Assignment

Warden B. Kanode

Individuals Involved in Incident

08-24-20

Date/Time of Incident

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☐ Food Service
☐ Commissary

☒ Other (Please Specify): Warden B. Kanode

- ☐ Institutional Program Manager
☐ Mailroom

Briefly explain the nature of your complaint (be specific): Warden B. Kanode has actual knowledge of this unlawful program which is subjecting individuals like me with "(S.M.T.)" to involuntary psychiatric treatment and care without a proper judicial order which is a violation of my Civil Rights to force mental health programming without a judge's consent is unconstitutional indeed. I ask Warden B. Kanode to place me in appropriate housing such as a 5A M unit or G.P. settings. As a "(S.M.T.)" offender, I must be in a less restrictive setting per the U.S.C.A. and by housing me in S.P.T.R. is putting me in substantial risk of physical harm. Date 08-24-20.

Offender Signature

Date

Angel Cartagena

Offenders - Do Not Write Below This Line

Date Received: 8/25/2020

Tracking # RNCC- 20 -INF- 01385

Response Due: 9/9/2020

Assigned to: UMA

Action Taken/Response:

Refer to Informal Complaint #RNCC-20-INF-01383.

Refer to Informal Complaint #RNCC-20-INF-01384.

Warden Kanode is not an active member of the MITT.

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:

RECEIVED RNCC

VIRGINIA

RECEIVED RNCC

Informal Complaint 866_F3_4-17

GRIEVANCE DEPARTMENT

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: Angel Cartagena Offender Number: 1078842 Housing Assignment: A-1 Cell 35
 Individuals Involved in Incident: A. Lovell (Director of all S.D.T.P. units) Date/ Time of Incident: 08-24-20

- ☒ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☐ Other (Please Specify): _____

Briefly explain the nature of your complaint (be specific): A. Lovell has constructive knowledge of my very well lengthy mental health history of suffering from "S.M.I." but fails to take the necessary steps to place me in appropriate housing such as a S.A.M. unit or G.P. setting. Due to the serious risk S.D.T.P. imposes on my health and safety due to the isolation and restrictions of the S.D.T.P. settings, it's extremely deleterious to my well being. I've stated to A. Lovell that I suffer severely from emotional distress and mental anguish, but fails to release me from this unlawful detention, which is a violation of my Civil Rights.

Offender Signature

Date

Angel Cartagena

Offenders - Do Not Write Below This Line

08-24-20Date Received: 8/25/2020Tracking # RNCC- 20 -INF- 01383Response Due: 9/9/2020Assigned to: UM A

Action Taken/Response:

The process of being assigned to the Diversionary Treatment Program is a Multi-Institutional Treatment Team decision. Once criteria for SMI are met, the offender is further reviewed to determine the appropriate SDTP program of housing and treatment to best meet the offender's needs. You have been assigned to the program because you meet the criteria and are a Seriously Mentally Ill (SMI) offender.

Respondent Signature

Printed Name and Title

Date

A. K. BuentA. K. Buent CHAIP9-1-2020**WITHDRAWAL OF INFORMAL COMPLAINT:**

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 Fl. 4-17

RECEIVED RING

SEP 08 2020

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number:

R.N.C.C. - 20-1NF-0138

<i>Cartagena, Angel</i> Last Name, First	<i>1078842</i> Number	<i>A-1</i> Building	<i>#35</i> Cell/Bed Number
<i>Alley Lovell (Multi-Institutional Treatment Team)</i> Individuals Involved in Incident		<i>08-24-201</i> Date/ Time of Incident	

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) *Alley Lovell has constructive knowledge of my well lengthy documented mental health history of suffering from "SMI"; but failed to take the necessary steps to have me placed in a appropriate setting such as a general population or a M.H.U. The S.D.T. Permit imposes too many restrictions causing me mental anguish and emotional distress. I've stated to her that it's unconstitutional to force me into complying with the program. I was involuntarily committed here without a proper judicial order which is a violation of my Due Process. I'm protected by liberty. I expect to be free from undue bodily restraint, indeed forcing me to endure these harsh conditions in a very restrictive environment is a form of cruel and unusual punishment. To be subjected to this constantly is a form of discrimination which is a violation of the A.D.A. for I am a person who suffers from disability. A person with disability expects to be in a less restrictive setting that D.O.C. has to offer such as a general population or a Mental Health Unit.*

What action do you want taken? *To be placed in a M.H.U. or a general population, to be in a less restrictive setting and environment. Also to be awarded for damages.*

Grievant's Signature: *Angel Cartagena*

Date: *09-02-20*

Warden/Superintendent's Office:

Date Received:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input checked="" type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm) <i>Issue with Mrs. Allen</i>
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent <i>Lowell cannot be addressed by RUEL.</i>
<input type="checkbox"/>	More than one issue - resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____
<input checked="" type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint
Institutional Ombudsman/Grievance Coordinator: <i>[Signature]</i> Date: <i>9-8-20</i>	

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: _____ Date: _____

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

RECEIVED RNCC

MAY 19 2020

RECEIVED RNCC VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

MAY 27 2020

GRIEVANCE DEPT

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

Offender Number

- ☐ Food Service
☐ Commissary
☐ Other (Please Specify):

Housing Assignment

- ☒ Treatment Program Supervisor
☐ Mailroom

Briefly explain the nature of your complaint (be specific): *The S.D.T. Unit known as E.P.T.C. Unit is in violation of my 1st Amendment Right to not providing prayer oils which is very essential to practice my religious faith. Bottom tier known as E.P.T.C. provides prayer oils which an offender could purchase, but E.P.T.C. Top tier hasn't have the prayer oils on the commissary list which is a huge violation of my religious rights under the 1st Amendment. Last if it is possible for E.P.T.C. Top tier could be provided with oils in order to practice my faith. This is a serious issue because I am in need of such oils to practice my religion. This is a form of discrimination right under the U.S. Constitution.*

Offender Signature

Offenders - Do Not Write Below This Line

Date Received: 5/19/2020

Tracking # 20 INF 00818

Response Due: 6/3/2020

Action Taken/Response:

Assigned to: CHAP

PLEASE REFER TO RNCC-20-INF-00816

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature:

Date:

Staff Witness Signature:

Date:

VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 Fl 4-17

RECEIVED RNCC

MAY 27.2020

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number:

RNCC-70-INF-00818

Last Name, First <i>Cartagena Angel</i>	Number <i>1078842</i>	Building <i>A-1</i>	Cell/Bed Number <i>#40</i>
Individuals Involved in Incident <i>Multi-Institutional Treatment Team</i>	Date/ Time of Incident <i>05-26-20 10:10 PM</i>		

WHAT IS YOUR COMPLAINT? (Provide information from the Informal process: Attach Informal Complaint response or other documentation of informal process.)

The S.P.T.P.E.P.I.C. unit is in violation of my Civil Rights do to not providing prayer oils which is very essential for my rituals and ceremonies of my religious faith. Bottom Tier known as E.P.I.C. II sales them on commissary but do to some mishap, the top tier known as E.P.I.C. I doesn't have them on the commissary list which is a form of discrimination, also a violation of my 1st Amend. of the U.S Constitution. I have the very right to exercising my faith and by not providing the materials and resources of my religious needs is truly unlawful and unconstitutional. Mr. Wilbourne refused to RNCC-70-INF-00818. In fact this is a separate issue. This isn't repetitive.

What action do you want taken?

I ask to be provided with prayer oils that I may purchase through commissary. May they add the prayer oils for the top tier in S.P.T.P.E.P.I.C. unit on commissary. This would be a grateful solution for this mishap.

Grievant's Signature:

*Angel Cartagena*Date: *05-26-20*

Warden/Superintendent's Office:

Date Received:



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):	
<input type="checkbox"/>	Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections
<input type="checkbox"/>	Does not affect you personally (This issue did not cause you personal loss or harm)
<input type="checkbox"/>	Limited. You have been limited by the Warden/Superintendent
<input type="checkbox"/>	More than one issue – resubmit with only one issue
<input type="checkbox"/>	Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender's control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot.
<input type="checkbox"/>	Repetitive. This issue has been grieved previously in Grievance #
<input type="checkbox"/>	Inquiry on behalf of other offenders.
<input type="checkbox"/>	Group Complaints or Petitions. Grievances are to be submitted by individuals.
<input type="checkbox"/>	Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i>
<input type="checkbox"/>	Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals.
<input type="checkbox"/>	Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to:
<input type="checkbox"/>	Informal Procedure. You have not used the informal process to resolve your complaint
<input type="checkbox"/>	Request for services
<input checked="" type="checkbox"/>	Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: <u>Attach Informal Complaint RACC-20-INE-001</u>
<input type="checkbox"/>	The issue in the grievance is different from the issue in the informal complaint

Institutional Ombudsman/Grievance Coordinator: [Signature] Date: 5-27-2020

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman's decision is final.

Regional Review of Intake (within 5 working days of receipt)

<input checked="" type="checkbox"/>	The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> .
<input type="checkbox"/>	The intake decision is being returned to you because the 5 day time limit for review has been exceeded.
<input type="checkbox"/>	The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging.

Regional Ombudsman: [Signature] Date: 6/9/20

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

I

Dear Regional Administrator

Sept. 03, 2020

I'm appealing this decision about how my constitutional rights have been injured. I arrived here from B.O.S.P. on Nov. 22, 2019 involuntarily without a proper judicial order and without my consent to be housed against my own will in a licensed psychiatric unit titled, "Secure Diversionary Treatment Program." Do to the restrictions the S.D.T.P. unit imposes I never attended religious services. Now from 11-22-19 to 03-24-20, which is 4 months and 2 days, I never could attend religious services do to the restrictions the S.D.T.P. unit imposes. Now the pandemic started in April. That's when they stopped all gatherings such as D.C.E. and religious services. I was deprived of religious activities for over 4 months which is a violation of my 1st Amendment of the U.S.C.A.S.D.T.P. states that we are allowed to attend religious services on phase II and III which is totally untrue. From 11-22-19 to 03-24-20 I was in isolation called the S.C.O.R.E. unit which is the beginning phase of the S.D.T.P. unit. To force treatment without my consent is unlawful. If I didn't comply with treatment and services I would still be held in the S.C.O.R.E. unit indefinitely. The S.D.T.P. S.C.O.R.E. unit is isolation. In fact in the Operating Procedures 830.5 states that it is a Restrictive Housing Unit. I have the very right to refuse treatment, but members of the M.E.T.T. have violated my civil rights repeatedly by forcing me to remain in this unit without a proper judicial order which is a violation of my Due Process. For four months and two days I was forced to live in isolation and if I didn't comply with said treatment I would be forced to remain in isolation conditions indefinitely within the S.C.O.R.E. unit (R.H.U.) I have been housed in the S.D.T.P. unit for over 9 months in a unconstitutional and unlawful detention. This unit is the most restrictive unit within the state and I'm protected Liberty Interest to be free from undue bodily restraints. To be sent to unnecessary isolation is a form of cruel and unusual

II

punishment which is an 8th Amendment violation of the U.S.C.A. As a person with mental disabilities, I'm suppose to be in a less restrictive environment and by keeping me isolated in a highly restrictive setting is a form of discrimination which is a violation of the A.D.A. A person with a mental disability suppose to be in a less restrictive environment, but I'm being subjected to so many restrictions which is causing me severe mental anguish and emotional distress. Now on this grievance, institutional ombudsman stated that I exceed 30 days. How is that when I'm still in this unlawful detention within the S.D.T.I. unit? There are people who didn't comply with said treatment who been isolated in the S.C.D.R.E. unit for over years in the extreme conditions of isolation. This is a serious matter. Furthermore, I hope you may aid me on this very important matter, for I have no further recourse.

Respectfully Submitted On:

09-03-20. *Angel Cartagena* # 1078842

River North Corr. Center

328 Dellbrook Lane

Independence, VA 24348

RECEIVED
SEP 14 2020
OMBUDSMAN SERVICE UNIT
WESTERN REGION